

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12860**

FILED MAR 21 1953

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 788			
1. PLACE OF DEATH a. CITY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson, Missouri		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION McDonnell Aircraft				e. STREET ADDRESS (If rural, give location) 4408 Miami St.					
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle)		c. (Last) Petri			
4. DATE OF DEATH March 9 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH July 25, 1906		9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Craft		11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Petri		13b. MOTHER'S MAIDEN NAME Josephine F. Reuter		14. NAME OF HUSBAND OR WIFE Alma M. Theobald Petri			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 494-09-7862		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma M. Petri 4408 Miami					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 2 , 1952, to Jan 15 , 1953, that I last saw the deceased alive on Jan 15 , 1953, and that death occurred at 10 A m., from the causes and on the date stated above.									
23a. SIGNATURE R. Benz				23b. ADDRESS 3203 S. Grand St. St. Louis Mo		23c. DATE SIGNED 3-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. 3-11-53		REGISTRAR'S SIGNATURE Herbert R. Danks-Mc		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weider-Feden F.H. Inc., 1936 St. Louis Ave.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ralph Berg,
Grand & Wyoming
SI 7857
Hours - 11:30 to 3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Max L. Waple

Licensed Embalmer No. 4120

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.